

## ANNUAL REPORT OF AUTONOMOUS VEHICLE DISENGAGEMENT

**Instructions: Print as many pages as needed. Submit completed report to: Department of Motor Vehicles, Autonomous Vehicle Program, P.O. BOX 932342, MS L224, Sacramento, CA 94232-3420**

### SECTION 1 — MANUFACTURER INFORMATION

NAME OF MANUFACTURER			AVT NUMBER		
BUSINESS MAILING ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE NUMBER (    )

### SECTION 2 — DISENGAGEMENT EVENT DETAIL

**Use one row for each disengagement event.**

DATE	VIN NUMBER	DISENGAGEMENT INITIATED BY (AV System, Test Driver, Remote Operator, or Passenger)	DISENGAGEMENT LOCATION (Interstate, Freeway, Highway, Rural Road, Street, or Parking Facility)	DESCRIPTION OF FACTS CAUSING DISENGAGEMENT *
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		
	VEHICLE IS CAPABLE OF OPERATING WITHOUT A DRIVER <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER PRESENT <input type="checkbox"/> YES <input type="checkbox"/> NO		

**\* Additional information regarding the causes of the disengagement may be submitted as an attachment. If an attachment is provided, indicate the specific attachment number for the disengagement event.**

### SECTION 3 — DISENGAGEMENT AND AV MILES SUMMARY PER VEHICLE

[illegible]

## SECTION 4 — ACKNOWLEDGMENT

PRINTED NAME OF AUTHORIZED REPRESENTATIVE		TITLE	
SIGNATURE <b>X</b>		DATE SIGNED	
STREET ADDRESS		CITY	STATE ZIP CODE
EMAIL ADDRESS		FAX NUMBER ( )	TELEPHONE NUMBER ( )